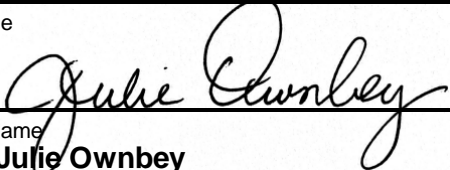
	United States Environmental Protection Agency Washington, DC 20460	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide – Section I			
1. Company/Product Number 86829-R		2. EPA Product Manager Acting PM #31	
4. Company/Product (Name) MacroTech Copper Ion Generator		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address Of Applicant (Include ZIP Code) MacroTech Industries, Inc. d/b/a MacroTech, Inc. 732 NYS Route 9P Saratoga Springs, New York 12866 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No.: 91243-1 Product Name: Fortress Mussel Control System	
Section II			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Final Printed labels in response to Agency letter dated _____ <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input checked="" type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Notification – Explain below. <input type="checkbox"/> Other – Explain Below.			
Explanation: Use additional page(s) if necessary. (For section I and Section II.) PRIA A532: "Me Too" application for a new end use product. A PRIA pre-payment has been made for this application, Pay.gov Tracking ID: 26RIC8R9 Agency Tracking ID: 76087181565. A small business fee waiver is enclosed. Please confirm receipt and forward all communication to Julie Ownbey - Technology Sciences Group, 1150 18 th Street NW, Suite 1000, Washington, DC 20036 or julie.ownbey@tsgconsulting.com			
Section III			
1. Material This Product Will Be Packaged In:			
Child Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No * Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. Container	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. Container	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(S) Retail Container	5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithographed <input type="checkbox"/> Other _____ <input type="checkbox"/> Pager glued <input type="checkbox"/> Stenciled	
Section IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Julie Ownbey		Title Senior Regulatory Consultant	Telephone No. (Include Area Code) 202-828-8993
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received <div style="border: 1px solid black; padding: 5px; text-align: center;"> (Stamped) </div>
2. Signature 		3. Title Senior Regulatory Consultant, Agent for MacroTech, Inc.	
4. Typed Name Julie Ownbey		5. Date April 6, 2021	